

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)		
OLE K. NILSEN CAESAR DR. BARRINGTON, IL 60010 25M1/1130		INVENTOR'S NAME		
		Street Address		
		City, State and ZIP Code		
		CO-INVENTOR'S NAME		
		Street Address		
City, State and ZIP Code				
<input type="checkbox"/> Check if additional changes are on reverse side				
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/734,188	07/22/91	019	NEYZARI, A	2516 11/30/94
First Named Applicant	NILSEN, OLE K.			

TITLE OF INVENTION
ELECTRONIC BALLAST WITH LEAKAGE TRANSFORMER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	315-209.00R	G71	UTILITY	YES	\$605.00	02/28/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front

page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

(2) ADDRESS: (CITY & STATE OR COUNTRY)

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies _____

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply this Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner of Patents and Trademarks
Washington, D.C. 20231

OLE K. NILSEN
CASHIER DR.
BARRINGTON, IL 60010

on

2-20-95

(Date)

(Name of person making deposit)

OLE K. NILSEN

(Signature)

[Handwritten Signature]

(Date)

2-20-95

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